Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000019870 3)))



H19000G198703ABC2

To:		¥	DAZ		
10.	Division of Corporations				
	Fax Number : (850)617-6381	SEE SY (3		
From:		an 54	200		
	Account Name : EXPRESS CORPORATE FILING SERVICE INC.				
	Account Number : I20000000146	22.	(
	Phone : (305)444-4994 Fax Number : (305)444-4977	- D i			
Enter an	the email address for this business entity to be used for fundal report mailings. Enter only one email address please.	cure			
Em	atl Address:				
	The state of the s				

Electronic Filing Menu

Page Count

Estimated Charge

Corporate Filing Menu

Help

\$78.75

N C: .. ~ ...

		icles of incore	ion intox	
	In compliance with Chapter 607 and/o			FILED
ARTICLE I N	NAME Constion shall be: NATION	Moving	Company	19 JAN 17 AM 10: 02
76	Principal office Principal street address 55:NW & 15trect	· · · · · · · · · · · · · · · · · · ·	Mailing address, i	SECRETARY OF STATE FAMILIAMENTAL SECRETARY OF STATE
	#309 hami, FL 33150			
	URPOSE th the corporation is organized	i is:		
Movir	ig and delive	by Tervil	ces and any	lawful
busi	ness	t	0	
ARTICLE IV SI	HARES of stock is: 100			
	IITIAL OFFICERS AND/C	OR DIRECTORS		
Name and Title: Address:	David Garc	HO (VPID)		
	mami, pl &	3150		
Address:	Juliessa Ac Jes NW 67 st #309 miam, Fl 3315	eredo (P/D)	
Name and Title;	1111 44711 , FL 3010	<u></u>		· · · · · · · · · · · · · · · · · · ·
Address:		· · · · · · · · · · · · · · · · · · ·		
	GISTERED AGENT	MD and an add late North and at a		
Name: Address:	Stroot address (P.O. Box NO : UMiessa Act Tiss NW 107 St MIAMI, Fil 3315	#309	ognicred agent 18:	
	CORPORATOR			
The name and address Name:		vedo		•
· Address:	755 NW 6754 Mam Pl 3318	#309		
Having been named as this certificate, I am fan	registered agent to accept se officer with and accept the con-	rvice of process for to ointinent as registere	he above stated corporation at a d agent and agree to act in this	the place designated in capacity
n A	Cuel			· .
	Required Signature/Register	ered Agent		1/15/19 Duo
I submit this document document to the Depart	and affirm that the facts sta inefu of State constitutes a thi	ted herebi are true, , rd degree felony as p	on aware that the false inforvolled for in s.817.155, F.S.	mation submitted in a

Required Signature/Incorporator